

**RESCAP**

**MORRISON | FOERSTER**

**Claim Information**

<b>Claim Number</b>	1980
<b>Basis of Claim</b>  Explanation that states the legal and factual reasons why you believe you are owed money or are entitled to other relief from one of the Debtors as of May 14, 2012 (the date the Debtors filed their bankruptcy cases) and, you <b>must</b> provide copies of any and all documentation that you believe supports the basis for your claim.	PLEASE SEE ATTACHED DOCUMENTS AND EXPLANATION

If your claim relates to a mortgage loan that you believe was originated or serviced by one of the Debtors, please be sure to include the following loan information, so that we can effectively search our records for information on your property and loan, and evaluate your claim.

<b>Loan Number:</b> 0591543301		
<b>Address of property related to the above loan number:</b> 1870 SAN BENITO WAY		
<b>City:</b> COALINGA	<b>State:</b> CA.	<b>ZIP Code:</b> 93210

Additional resources may be found at - <http://www.kccllc.net/rescap>

CLAIM#1980

**SURGERY CENTER - POST-OPERATIVE INSTRUCTIONS - (510) 791-5374**

- You should have a responsible adult stay with you. ☐ 4 Hours ☒ All day & night
- Rest, Do not do anything that requires balance, judgment, or coordination, such as driving the car or using household appliances.
- Eat or drink whatever you'd like (except alcoholic beverages) and according to your doctor's instructions.
- Do not make important decisions or sign notarized documents.
- You may experience any of the following symptoms: drowsiness, nausea, muscle soreness, throat irritation.

Dr. Wilson No. 510-796-2191

Return Appt. Does next w/2 Doctor's Routine Post-operative instruction sheet given ☒ YES ☐ NO ☐ NA

**PLEASE NOTIFY YOUR DOCTOR IF YOU ARE EXPERIENCING:**

- Unexpected or uncontrolled pain.
- Uncontrolled nausea.
- Unexpected bleeding from surgical site.
- Fever over 100.5 or skin rash.
- Inability to empty your bladder within 6 hours or by 2:00 p.m.
- IF YOU ARE UNABLE TO CONTACT YOUR DOCTOR OR THE SURGERY CENTER, YOU MAY GO TO THE WASHINGTON HOSPITAL EMERGENCY ROOM.

**OTHER POST-OP INSTRUCTIONS**

WRITTEN POST-OPERATIVE INSTRUCTIONS DISCUSSED WITH PATIENT/RESPONSIBLE ADULT  
PATIENT HAS NO QUESTIONS AT THIS TIME.

R.N. SIGNATURE

WRITTEN POST-OPERATIVE INSTRUCTIONS RECEIVED & UNDERSTOOD

SIGNATURE OF PATIENT/RESPONSIBLE ADULT



**F. DOCTOR'S CERTIFICATION OF DISABILITY**

A full legible description of the illness or disability must be provided for numbers 3, 4, 5, 6 and 7 below. A licensed physician, surgeon, physician's assistant, nurse practitioner, or certified nurse midwife, may certify to items 1 - 7, a licensed chiropractor may certify to items 5 - 7 only, and a licensed physician or surgeon who specializes in diseases of the eye or a licensed optometrist may only certify to item 8.

My patient BELVADETTE FONTONE meets the requirements of a disabled person found in CVC 295.5  
(PRINTED NAME OF PATIENT)  
 as he or she suffers from the following:

1. ☐ A lung disease to the extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter or arterial oxygen tension (pO<sub>2</sub>) is less than 60 mm/Hg on room air while the person is at rest.
2. ☐ A cardiovascular disease to the extent that the person's functional limitations are classified in severity as class III or class IV based upon standards accepted by the American Heart Association.
3. ☐ A diagnosed disease or disorder which substantially impairs or interferes with mobility due to (please print):
4. ☐ A severe disability in which he or she is unable to move without the aid of an assistive device, which is due to (please print):
5. ☒ A significant limitation in the use of lower extremities due to (please print):  
PATIENT HAS UNDERGONE FOOT SURGERY; CANT SUSTAIN WEIGHT BEARING.
6. ☐ The loss, or loss of the use of one or more lower extremities. Loss of use due to (please print):
7. ☐ The loss, or loss of the use of, both hands. Loss of use due to (please print):
8. ☐ Central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200, but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees.

Please check the appropriate box(es).

☐ PERMANENT PLACARD

☒ TEMPORARY PLACARD

Valid until: Month 06 Day 30 Year 2013  
 (Cannot exceed 6 months)

☐ TRAVEL PLACARD

Valid until: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_  
 (Cannot exceed 30 days for a California resident and 90 days for a non-resident.)

**G. AUTHORIZED MEDICAL PROVIDER'S SIGNATURE AND CERTIFICATION**

PRINT AUTHORIZED MEDICAL PROVIDER'S LAST NAME <u>WILSON</u>	FIRST NAME <u>FREDRICK</u>	MIDDLE NAME <u>S</u>	AUTHORIZED MEDICAL PROVIDER'S DAYTIME TELEPHONE # <u>(570) 796 2191</u>
AUTHORIZED MEDICAL PROVIDER'S ADDRESS <u>1895 DOWDY AVE 103</u>			CITY <u>FREMONT</u>
STATE <u>CA</u>			ZIP CODE <u>94538</u>

I certify that I am a ☒ Physician ☐ Surgeon ☐ Chiropractor ☐ Optometrist ☐ Physician's Assistant ☐ Nurse Practitioner ☐ Certified Nurse Midwife and I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct and that I will retain information sufficient to substantiate this certification and shall make that information available for inspection by the Medical Board of California at the department's request. (CVC Section 22511.55).

EXECUTED AT (CITY STATE) Fremont, CA DATE 03/15/13

AUTHORIZED MEDICAL PROVIDER'S SIGNATURE [Signature] MEDICAL LICENSE NUMBER E 2 1 0 5

**H. CERTIFICATION OF READILY OBSERVABLE AND UNCONTESTED PERMANENT DISABILITY (DMV USE ONLY)**

SIGNATURE OF DMV EMPLOYEE \_\_\_\_\_ LINE DATE STAMP \_\_\_\_\_

When this form is completed, it may be mailed to: DMV Placard  
 P.O. Box 942869  
 Sacramento, CA 94269-0001

or submitted to your nearest DMV office. It is recommended that you make an appointment if submitting this form to your nearest DMV office, by calling 1-800-777-0133.

CLAIM # 1980

DETACH AT DOTTED LINE  
KEEP THIS PORTION FOR YOUR RECORDS

14-867897

# PUBLIC EMPLOYEES' RETIREMENT SYSTEM

P O BOX 942716

SACRAMENTO, CA 94229-2716

(888) Ca1PERS (225 - 7377)

FOR DEAF - TDD (916) 795-3240

TO B FANTONE

PERS WARRANT ID K9048225

ID #660547530701

ISSUE DATE 04/01/2013

GROSS		DEDUCTIONS		NET
	1923.25		298.58	1624.67
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ITEMIZED GROSS			ITEMIZED DEDUCTIONS	
BASE ALLOWANCE	1923.25		FEDERAL TAX	47.69
			STATE TAX	.00
			BLUE SHIELD HMO-B	242.89
			ASSOCIATION DUES	8.00
TOTAL GROSS	1923.25		TOTAL DEDUCTIONS	298.58
*ONE-TIME ADJUSTMENT			*ONE-TIME DEDUCTION	

CALPERS AUTOMATED SYSTEM IS AVAILABLE 24 HRS A DAY. CALL TOLL FREE 888-CALPERS (OR 888-225-7377) TO ORDER FORMS, PUBLICATIONS, OR TO RECEIVE GENERAL INFORMATION. TO SPEAK WITH A SERVICE REPRESENTATIVE CALL M-F, 8AM-5PM. VISIT OUR WEB SITE [WWW.CALPERS.CA.GOV](http://WWW.CALPERS.CA.GOV) FOR INFORMATION OR SELF-SERVICE FEATURES.

6605475307 SERVICE RETIREMENT



# GMAC Mortgage Account Statement

## CUSTOMER INFORMATION

Name: Nestor D Fantone  
Bernadette Fantone  
Account Number: 0591543301  
Home Phone #: (559)934-1776

## PROPERTY ADDRESS

1870 SAN BENITO WAY  
COALINGA CA 93210

# GMAC Mortgage

Visit us at [www.gmacmortgage.com](http://www.gmacmortgage.com) for account information or to apply on-line.



NESTOR D FANTONE  
BERNADETTE FANTONE  
1870 SAN BENITO WAY  
COALINGA CA 93210-3245

For information about your existing account, please call: 1-800-766-4622.

For information about refinancing or obtaining a new loan, please call: 1-866-690-8322

Please verify your mailing address, borrower and co-borrower information. Make necessary corrections on this portion of the statement, return and mail to address listed for inquiries on the reverse side.

## Account Information

Account Number: 0591543301  
Statement Date: August 01, 2012  
Maturity Date: February 01, 2036  
Interest Rate: 2.75000  
Interest Paid Year-to-Date: \$4,293.95  
Taxes Paid Year-to-Date: \$0.00  
Escrow Balance: \$0.00  
Principal Balance(PB)\*: \$267,656.95

## Details of Amount Due/Paid

Principal and Interest: \$613.38  
Subsidy/Buydown: \$0.00  
Escrow: \$0.00  
Amount Past Due: \$0.00  
Outstanding Late Charges: \$0.00  
Other: \$0.00  
Total Amount Due: \$613.38  
Account Due Date: September 01, 2012

For Customer Care inquiries call: 1-800-766-4622  
For Insurance inquiries call: 1-800-256-9962  
For Payment Arrangements call: 1-800-850-4622

## Account Activity Since Last Statement

Description	Pmt Date	Tran. Date	Tran. Total	Principal	Interest	Escrow	Add'l Products	Late Charge	Other
Payment	08/01/12	07/27/12	\$613.38		\$613.38				
<i>pd. 8-30-12</i>									

\*This is your Principal Balance only, not the amount required to pay the loan in full. For payoff figures and mailing instructions, call the Customer Care number above or you may obtain necessary payoff figures through our automated system (24 hours a day, 7 days a week). See back for automatic payment sign-up information and other payment options.

## Important News

Now is a great time to buy a home! If you're in the market for your next home, our trained loan agents will help you review all of the financing options available to you - call 877-528-3817 today!

See Reverse Side For Important Information And State Specific Disclosures

Bankruptcy Court for the Southern District of New York

One Bowling Green, Room 534

New York, New York 10004

Dear Sir/Madam,

We, Nestor Fantone and Bernadette Fantone, Joint Tenants at 1870 San Benito Way Coalinga, California 93210, would like to appeal and request the court asking permission for a grant for a permanent 30 year fixed payment including principal and interest of our loan with the current monthly payment plan.

Our Loan statement, attached to this letter dated October 1, 2010 stated a balance of \$260,200.00 and on August 1, 2012 stated a balance of \$267,656.95.

We are very pleased and thankful for the modification GMAC granted as we are finally able to afford the monthly payment which is based on our monthly income.

Our primary concern is the modification which is granted does not show any principal payment and we would like keep our home and pay it off in 30 years especially with retirement approaching.

Sincerely,



Nestor Fantone and Bernadette Fantone

Loan Number 0591543301

RECEIVED

OCT 29 2012

KURTZMAN CARSON CONSULTANTS



**For Those With a Mortgage Loan Originated or Serviced by One of the Debtors:**

If your claim relates to a mortgage loan that you believe was originated or serviced by one of the Debtors, please be sure to include the loan number and property address that the loan relates to in the information and any documentation that you send us, so that we can effectively search our records for information on your property and loan, and evaluate your claim.

**Questions:**

If you have any questions about this letter, or need help in providing the requested information and document(s), you should contact an attorney. You may also contact the Special Counsel to the Official Committee of Unsecured Creditors<sup>1</sup> with general questions (contact information provided below):

**SPECIAL COUNSEL TO THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS**

SILVERMANACAMPORA LLP

100 Jericho Quadrangle, Suite 300

Jericho, New York 11753

Telephone: 866-259-5217

Website: <http://silvermanacampora.com>

E-mail address: [rescapborrower@silvermanacampora.com](mailto:rescapborrower@silvermanacampora.com)

**You must send the requested information and document(s) supporting your claim on or before the date provided in this letter to either;**

- (i) [Claims.Management@gmacrescap.com](mailto:Claims.Management@gmacrescap.com); or
- (ii) Residential Capital, LLC  
P.O. Box 385220  
Bloomington, Minnesota 55438

**Please mark each document you send with the Claim Number referenced above.**

Sincerely,

Claims Management  
Residential Capital, LLC

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<sup>1</sup> Please be advised that SilvermanAcampora LLP does not represent you individually and, therefore, cannot provide you with legal advice.

**RESCAP**

**MORRISON | FOERSTER**

June 21, 2013

**Claim Number: 1980**

Dear Claimant: Nestor Fantone & Bernadette Fantone

You are receiving this letter because you or someone on your behalf filed a Proof of Claim form in the jointly-administered chapter 11 bankruptcy cases of Residential Capital, LLC ("ResCap"), GMAC Mortgage, LLC and other affiliated debtors and debtors in possession (collectively, the "Debtors") pending before the United States Bankruptcy Court for the Southern District of New York, Case No. 12-12020 (MG) (the "ResCap bankruptcy case"), and we need additional information from you regarding the claim(s) ("claim") you are asserting against one or more of the Debtors.

**The Information we Need From You Regarding Your Proof of Claim:**

We reviewed a copy of the Proof of Claim form and documents, if any, that you filed in the ResCap bankruptcy case. A copy of your Proof of Claim form is enclosed for your reference. After reviewing the Proof of Claim form and any documents you submitted, we have determined that you did not provide sufficient information to support your "Basis for Claim" and we do not have sufficient information to understand the calculations you used to determine the amount you claim to be owed. In order to evaluate your claim, we need to understand the specific reasons as to why you believe you are owed money or are entitled to other relief from one or more of the Debtors. Please reply using the attached form and provide a written explanation, with supporting documentation, and include a detailed explanation of how you calculated the amount of your claim.

**You Must Respond to this Letter by no Later Than July 22, 2013:**

In accordance with the Order of the Bankruptcy Court (Docket No. 3294, filed March 21, 2013), you **must** respond to this letter by no later than July 22, 2013 with an explanation stating the legal and factual reasons why you believe you are owed money or are entitled to other relief from one or more of the Debtors as of May 14, 2012 (the date the Debtors filed their bankruptcy cases). You **must** provide copies of any and all documentation that you believe supports the basis for and amount of your claim. A form is included with this letter to assist you in responding to our request for additional information.

**Consequences of Failing to Respond:**

If you do not provide the requested information regarding the basis for and amount of your claim and the supporting documentation by July 22, 2013, the Debtors may file a formal objection to your Proof of Claim on one or more bases, including that you failed to provide sufficient information and documentation to support your claim. If the Debtors file such an objection and it is successful, your claim may be disallowed and permanently expunged. If your claim is disallowed and expunged, you will not receive any payment for your claim and any other requests you may have made for non-monetary relief in your Proof of Claim will be denied. Therefore, it is very important that you respond by the date stated above with the requested information and documentation supporting the basis for and amount of your claim.

Residential Capital, LLC P.O. Box 385220 Bloomington, Minnesota 55438

Claim Number: 1980  
Nestor Fantone & Bernadette Fantone  
Type: POC